

Barriers to Mental Health Services in Latino Families: Treatment Recommendations & Research Considerations

Haig Kouyoumdjian, Byron L. Zamboanga, & David J. Hansen

University of Nebraska-Lincoln

**Presented at 35th Association for Advancement of Behavior Therapy Annual Convention in Philadelphia
(November, 2001)**

Contact Information:

**Haig Kouyoumdjian, Department of Psychology, University of Nebraska-Lincoln, P.O. Box 880308,
Lincoln, NE 68588-0308 E-mail: hkouyoum@unlserve.unl.edu**

Introduction

- **Research suggests that many Latinos underutilize mental health services.**
- **Mental health needs of Latinos are not met well and there is a need to better understand and address their mental health concerns.**
- **These efforts are important as the population of Latinos in the U.S. rapidly increases:**
 1. **Between 1990 and 2000, Latino population increased by 57.9%, while the increase in total U.S. population was only 13.2%.**
 2. **By 2020, Latinos will become the largest ethnic group in the U.S.**
 3. **By 2050, Latinos will comprise about 25% of U.S. populations and over 50% of ethnic population.**

Objectives

- **Identify SES, cultural, and psychotherapeutic barriers to mental health services in many Latino families.**
- **Present clinical recommendations to help increase the utilization of mental health services by Latinos.**
- **Provide research considerations to conduct and assess mental health programming.**

Socioeconomic Barriers

- Many Latino families encounter SES challenges that place them at risk for living in poverty, hence posing challenges in their treatment utilization.

Limited availability of time to seek services

- Multiple jobs, difficulty taking time off from work, single-parent, family responsibilities.

Inability to afford cost of services

- Lack of health care benefits, low income, unemployment, may yield premature termination.

Difficulties with transportation

- Lack of car, place of residence far from services, public transportation obstacles.

Impoverished areas surrounding Latino communities

- Limited in the quality and number of available mental health services.
- Low quality mental health care may reduce the likelihood of service utilization.

Cultural Barriers

- A number of culturally relevant factors may influence Latinos' attitudes and perceptions of mental health.

Spirituality in Latinos

- Believe that supernatural forces are the source of psychological distress.
- Those that endorse religious or supernatural causes of mental illness are less likely to utilize mental health services.
- Often seek help from religious organizations (e.g., clergymen).
- May seek help from folk healers (e.g., folk medicine, communication with the spiritual world).

“Familism”

- Refers to a person's strong identification, attachment, and loyalty to their family.
- For Latinos, family relationships are usually the main or sole source of help during times of emotional and psychological difficulties.
- High value placed on privacy which may result in: (1) reluctance to share their mental health challenges with others outside their family and (2) guilt when seeking help outside of the family.

Perception of mental illness

- May avoid seeking assistance from a psychologist to avoid strong stigma.
- Most likely to see a physician and receive medication for psychological problems.

Cultural Barriers

Latinos' strong cultural commitment

- May result in low utilization of mental health services and less familiarity with available services.
- Preference for a Spanish-speaking Latino therapist
- Tendency to exhibit limited self-disclosure
- Perceive the unavailability of culturally similar or culturally sensitive counselors to be an important reason not to seek help.

Lack of language proficiency

- May limit Latinos' awareness of available services in their community
- Present difficulties for Latinos to utilize public transportation, obtain a driver's license, and comprehend required paperwork.
- Impairs communication with monolingual therapists. Consequently, Latinos' service utilization is inhibited; premature termination is likely; and establishing therapeutic rapport becomes challenging.
- Monolingual therapists may misinterpret client's awkward pattern of speech as symptomatic of pathology, and misunderstand (or not fully understand) important aspects of Latinos clients' communication styles.

Psychotherapeutic Barriers

- ❑ Mainstream services may be culture-bound and ineffective for some Latinos.

Client-therapist interaction

- Client-therapist mismatching, particularly ethnocultural differences and psychotherapy expectations, can hinder positive rapport and effective treatment delivery.
- Therapists prefer young, attractive, verbal, intelligent, and successful clients. Monolingual (Spanish) Latino clients from low SES backgrounds may not share these preferable characteristics. Therapist's negative perceptions may hinder acceptance of client and client's treatment progress.
- Client-therapist attitude congruencies may be more important than ethnic similarity in providing effective therapy. Therapist ethnicity may not directly influence client perceptions about therapist credibility or client's treatment utilization patterns.
- Client-therapist ethnic and language match may be important to monolingual (Spanish) Latinos. For these clients, ethnic and language match resulted in lower drop out rates, longer treatment duration, and better treatment outcome.

Psychotherapeutic Barriers

Assessment techniques

- Most U.S. assessment instruments are not culture free or standardized on Latino clients, especially those not fluent in English.
- Few assessment tools have been translated to foreign languages and have established translation equivalency.
- Psychological assessment often does not include culturally sensitive ways of administering these tests (e.g., appropriate interpersonal interaction).
- Monolingual (Spanish) Latino clients tend to have low levels of education, and limited experiences interacting with mainstream services; unlikely to understand the purpose of assessment measures and complete the measures accurately.
- Latinos' dissatisfaction with assessment techniques coupled with their varying views of mental illness may increase the likelihood of premature termination and/or reluctance to seek services.

Psychotherapeutic Barriers

Therapy techniques

- **Latinos, regardless of acculturation level, prefer directive and formal types of therapy over non-directive approaches often used by American therapists.**
- **Latinos prefer present (e.g. alleviation of symptoms and problems) over future oriented therapy (e.g., long-term plans on personal change); the latter is generally the focus of mainstream therapy.**
- **Services that are incongruent with Latinos' preferences and expectations of therapy may inhibit Latinos from seeking services or remaining in treatment.**

Clinical Recommendations & Research Considerations

- ❑ To help improve the accessibility and effectiveness of mental health services to Latino families, efforts to reduce the existing socioeconomic, cultural, and psychotherapeutic barriers are needed.
- ❑ Increasing the accessibility of services

Clinical recommendations

- Community services should offer flexible hours (e.g., weekends and evenings).
- Community services should locate in or near Latino communities and be easily accessible by public transportation.
- Programs distant from Latino communities can: (1) arrange transportation for their clients (2) provide informational public transportation workshops.
- Centers should offer child-care facilities to encourage service utilization.

Research considerations

- Conduct community-based assessment through collaborative work between universities and community mental health centers.
- Valuable baseline data on issues (e.g., transportation, economic, family resources) that potentially impact Latinos' use of services can be obtained.
- Ultimately, findings from these assessments can help guide changes and improvements in mental health service accessibility for the Latino community.

Clinical Recommendations & Research Considerations

□ Increasing the dissemination of information about services

Clinical recommendations

- Disseminate Information to community locations (e.g., clubs, associations, and religious organizations) through mass mailing and/or community presentations.
- Distributed information should be culturally relevant and informative to the Latino community.
- Outreach efforts should be aimed at monolingual (Spanish) Latinos and those from low SES backgrounds.
- Community mental health centers can hire an ombudsman to help them disseminate information and establish close ties with the Latino community.

Research considerations

- Assess whether Latinos who receive the information have adequately reviewed the materials.
- Examine the likelihood that Latinos, once informed about available services, will seek services and its long-term impact on actual utilization.
- Close attention to the correlates of demographic characteristics and service utilization patterns in order to better understand within-group variability factors that might impact more effective means to disseminate information to Latinos.

Clinical Recommendations & Research Considerations

□ Increasing treatment adherence

Clinical recommendations

- Sessions following missed appointments should discuss reasons for missing the previous session and the client's possible feelings of dissatisfaction in therapy.
- Use culture-centered counseling.
- Inform Latino clients of what to expect from therapy before they enter the therapeutic process.

Research considerations

- The influence of demographic variables, client perceptions about clinician and mental health services, and the quality of services provided on treatment adherence should be assessed.
- Collect information on demographics and client perceptions through open-ended questionnaires and/or choice format surveys.
- Conduct ongoing assessment of client's demographic characteristics susceptible to change (e.g., transportation, work hours, income, family responsibilities).
- Quality of service ratings can be completed by Latino clients and culturally competent clinicians.

Clinical Recommendations & Research Considerations

□ Better educating mental health practitioners

Clinical recommendations

- Training programs should require courses in multicultural education and promote experiences (e.g., direct contact with Latino clients) that help therapists learn culturally sensitive assessment and intervention techniques.
- Teach clinicians how to interact with Latino clients in culturally sensitive ways (e.g., not to interpret Latino clients' poor eye contact as sign of resistance).
- Provide opportunities for clinicians in training to observe culturally competent clinicians interact with their Latino clients.
- Encourage clinicians to take interest in their client's culture and inquire about the importance of religion, family, and acculturation experiences in their lives.

Research considerations

- Empirically examine the effects of multicultural education in graduate programs on clinician's cultural competence in mental health settings.
- Evaluate clinicians' openness and willingness to work with culturally diverse clients (these characteristics can facilitate cultural competency).

Clinical Recommendations & Research Considerations

□ Better educating physicians and clergymen

Clinical recommendations

- Provide more mental health training to physicians so they can better identify and refer patients with psychological problems to appropriate mental health services.
- Better inform physicians about available services so they can refer families based on their unique needs (e.g., affordability, accessibility, language barriers).
- Provide clergymen with information about the compatibility of religious and mental health views of psychological problems.
- Train clergymen to identify mental health problems and make referrals.

Research considerations

- Mental health agencies should provide complete information about community services (e.g., cost, types of services offered, accessibility) in the form of pamphlets to physicians and clergymen.
- Assess the rate at which physicians and clergymen recommend these services to prospective Latino clients.
- Examine Latinos' perceptions of the consistency of information in pamphlets with their cultural (and spiritual) beliefs about mental health services.

Clinical Recommendations & Research Considerations

□ Improving verbal communication

Clinical recommendations

- Employ more Spanish-speaking professionals and staff in mental health agencies.
- Train more Latinos in mental health disciplines.
- Encourage bilingual therapists to work in community mental health centers.
- Encourage monolingual therapists to take Spanish language courses (e.g., course specifically designed to teach vocabulary commonly used in clinical settings).
- Use other bilingual workers in the community (e.g., interpreters).

Research considerations

- Use of bilingual interpreters helps increase service utilization in Latinos, however, psychotherapy outcome effectiveness of the use of bilingual therapists over interpreters remains unclear.
- The utility of bilingual therapists and interpreters may vary depending on the presenting issue (e.g., family counseling, work-related challenges) and the type of mental health service provided (e.g., assessment, counseling, intake).
- Effective recruitment efforts employed by graduate programs and their impact on the mental health service needs of non-English speaking Latinos is needed.

Clinical Recommendations & Research Considerations

□ Improving assessment techniques

Clinical recommendations

- Use only assessment measures that are well-standardized on Latinos.
- Use multiple sources of information (e.g., psychosocial history, mental status exam, family interview) to supplement standardized assessment measures.
- Being well informed and sensitive to multicultural issues can help therapists provide unbiased interpretation of assessment results for Latinos.

Research considerations

- Paucity of research on cross-ethnic generalizability of many assessment tools.
- Rigorous tests of the validity of assessment measures on Latinos will help practitioners better understand the appropriateness of the various assessment measures used with Latinos clients.

Clinical Recommendations & Research Considerations

□ Using culture-centered counseling

Clinical recommendations

- Understanding the culturally learned expectations and values of individuals will help to better understand and evaluate their behaviors, which can lead to making more accurate diagnoses and providing more appropriate treatment for Latinos.
- Integrate elements of Latino culture with traditional psychotherapy techniques (e.g., folk treatment, consultation with clergymen) or implement new techniques consistent with the norms, values, and beliefs of the Latino culture.
- Be culturally sensitive by demonstrating knowledge, interest, and an appreciation for how client's problem fits into a cultural context.
- Provide brief, directive, and problem-oriented therapy.
- Implement more ethnic-specific community mental health programs.

Research considerations

- Assess the impact of Latinos' therapeutic preferences on treatment outcome
- Assess the impact of these preferences on treatment outcome across all Latino subgroups and demographic variables (e.g., SES, acculturation, language).

Concluding Remarks

- ❑ Important to continue to identify factors that will help minimize the gap between mental health need and service utilization patterns in Latinos.
- ❑ Mental health agencies should implement changes that address all categories of barriers (i.e. socioeconomic, cultural, psychotherapeutic) for their Latino clients.
- ❑ Assessment of the effects of culturally-appropriate improvements made by mental health agencies on Latino service utilization and treatment outcome are encouraged.
- ❑ Findings from future empirical research should be made available to community mental health agencies and be used to guide future improvements of these services.